05/18/2004 14 : 19

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

American Hospital Association PAC

ADDRESS (Number and Street) (Check if address is changed)

325 Seventh Street, NW

Suite 700

Washington DC 20004 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

shiggins@aha.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-626-2332

2. DATE MM / DD / YYYY 05 18 2004

3. **FEC IDENTIFICATION NUMBER** **C C00106146**

4. IS THIS STATEMENT NEW (N) **OR** X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date MM / DD / YYYY 05 18 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

California Healthcare Association PAC-Federal

Mailing Address 1215 K Street

Suite 800

Sacramento CA 95814 -

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization X Trade Association Cooperative

Write or Type Committee Name

American Hospital Association PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Ms. Stefanie Scott

Mailing Address: 325 Seventh Street, NW
Suite 700
Washington DC 20004 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Associate Director,

Telephone number: 202 – 626 – 2968

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Ms. Melinda Hatton

Mailing Address: 325 Seventh Street, NW
Suite 700
Washington DC 20004 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Vice President & Chi

Telephone number: 202 – 626 – 2336

Full Name of Designated Agent: Mark Seklecki

Mailing Address: 325 Seventh Street NW
Suite 700
Washington DC 20004 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Director, Political

Telephone number: 202 – 626 – 2341

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citibank FSB

Mailing Address PO Box 19748

Washington DC 20036 -

CITY STATE ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

AzHHA Political Action Committee

Mailing Address 2901 North Central Avenue

Suite 900

Phoenix AZ 85012

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ – _____ – _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

PAC of the Missouri Hospital Association

Mailing Address 4712 COUNTRY CLUB

PO BOX 60

JEFFERSON CITY MO 65102

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Montana Hospital Association PAC - Federal

Mailing Address PO Box 1519

Helena MT 59604

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

North Carolina Hospital Association PAC-Federal

Mailing Address PO Box 4449

Cary NC 27519

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

American Hospital Association

Mailing Address 325 Seventh Street, NW

Suite 700

Washington DC 20004

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected Organization

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 – –

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA POLITICAL ACTION COMMITTEE (HAPAC)

Mailing Address Post Office Box 8600

Harrisburg PA 17105

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

HOSPAC-FEDERAL, THE FEDERAL POLITICAL ACTION COMMITTEE OF THE TEXAS HOSPITAL ASSOCIATION

Mailing Address P. O. Box 15587

Austin TX 78768

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

HOSPITAL ASSN OF HAWAII POLITICAL ACTION COMMITTEE

Mailing Address 932 WARD AVENUE

SUITE #430

HONOLULU HI 96814

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ – _____ – _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

NEW YORK STATE HOSPITAL AND HEALTHCARE ASSOCIAIONS' FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address ONE EMPIRE DRIVE

RENSSELAER NY 12144

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

WISCONSIN HEALTH

Mailing Address 5721 ODANA ROAD

PO BOX 44992

MADISON WI 53744

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

Corporation		Corporation w/o Capital Stock	Labor Organization
Membership Organization	X	Trade Association	Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 _____ - _____ - _____

Form/Schedule: F1A Updated Treasurer Information for the AHAPAC.
Transaction ID: